11111

STATE OF NEW HAMPSHIRE

2017 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

PLEASE PRINT

I. Name of Lob	obyist(s) Mich	nael A. Chowaniec		
II. Name of lob	obyist's partner	ship, firm or corporation, i	fany:	
	Charter Co	mmunications, Inc.		
	(Name of partn	ership, firm or corporation)		
400 Atlantic	Street	Stamford	l CT	06901
Business Address	s: (Street)	(Town/City)	(State)	(Zip Code)
(203)561	-3492 hone)	()	e-mail <u>michael.</u>	chowaniec@charter.com
(Telep	hone)	(F	Fax)	
reportable exp	ense transaction	ns which are not attributab	ports for each client, OR you mole to any one client). to the reporting date relative to the	
All reportati		er Communications, In		ne fortowing chem.
		me of Client as it appears on the	**	
<u>OR</u>				
	le transactions by particular clien		lobbyist's family), or the lobbyin	g firm listed below which are
IV. Date of Represents Cover:	•	6, 2017 🗵 ate of registration to 3/31/17	July 26, 2017 activity from 4/1/17 to 6/30/17	7
		er 25, 2017	January 31, 2018 \Box activity from 10/1/17 to 12/3.	1/17
	ecked, co <mark>mplete</mark>		ble transactions made since to the Secretary of State's Office,	
VI. Check if ac	ditional report	s are attached:		
	-		st file Addendum A– Fees and E	Expenses
☐ If you have Expense Reimb		ium or reimbursed expenses.	, you must file Addendum B - Ro	eport of Honorariums or
☐ If you, you	r firm, or your fa	mily has made political cont	tributions, you must file Addend	um C– Political Contributions
I have read RSA and complete to	ent/Affirmation A 15, RSA 15-B o the best of my	, RSA 14-C and RSA 664 an knowledge and belief.	d hereby swear or affirm that the	
(Signature of lo	obbyist)		<u> 4/4</u> (Da	ite)
Michael A. (Print Name of	Chowaniec		·	